

# CABLE TELEVISION COMPLAINT FORM

Name Earl Sample  
 Address 4925 Brainerd  
 Home Phone 351-0130 Work Phone \_\_\_\_\_

# 95-0103-E-21  
 First Call 1/03  
 Second Call \_\_\_\_\_

Area 2  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

① Upset About cable man  
 ② Channels not wanted  
 ③ Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/03 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Walter Light  
 Address 4758 Milford  
 Home Phone 351-5877 Work Phone \_\_\_\_\_

# 95-0103-f-24 Area P  
 Taken By \_\_\_\_\_  
 First Call 1/03  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

① Very upset about rates were  
 ② Channel not wanted

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/03 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Cory GREEN  
 Address 1681 McLean  
 Home Phone 388-2530 Work Phone \_\_\_\_\_

Area V

# 95-0103-F-25 Taken By \_\_\_\_\_  
 First Call 1/03  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) Upset about rate increase  
 (2) New channels not wanted  
 (3) Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/03 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Eugene Ukam  
 Address 4436 Arco  
 Home Phone 652-4340 Work Phone \_\_\_\_\_

Area P  
 # 95-0103-F-23  
 First Call 1/03  
 Second Call \_\_\_\_\_  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Rate increase not fair
- ② Channels removed not wanted
- ③ Very upset
- ④ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/03 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Jeffery Clark  
 Address 3606 Mountain  
 Home Phone 481-9643 Work Phone \_\_\_\_\_

Area P  
 # 95-0103-F-31 Taken By \_\_\_\_\_  
 First Call 1/03  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Upset About rate increase
- ② New Channels not wanted
- ③ No choice in matter
- ④ Very Upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/03 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Charles Rixitt  
 Address 2812 Accomme  
 Home Phone 537-0708 Work Phone \_\_\_\_\_

Area P  
 # 95-0104-F-3  
 First Call 1/04  
 Second Call \_\_\_\_\_  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Upset about rate increase
- ② Channels not wanted
- ③ Letter being sent
- ④ Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/04 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Cliff Beutel  
 Address 4348 S. Hwy  
 Home Phone 832-3514 Work Phone \_\_\_\_\_

# 95-0104-F-6 Area 1  
 First Call 1/04 Taken By \_\_\_\_\_  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

① Upset about rate increase  
 ② Channels not wanted  
 ③ Can't get all channels  
 ④ Letter

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED \_\_\_\_\_ TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Lee Kimble Kennel # 95-0105-6-1 Area 1  
 Address 1328 Clara First Call 1/05 Taken By \_\_\_\_\_  
 Home Phone 383-726 Work Phone \_\_\_\_\_ Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① She don't want the new channel
- ② She is on a fixed income
- ③ She is very upset
- ④ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/05 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_



# CABLE TELEVISION COMPLAINT FORM

Name Kirk Cassery  
 Address 3815 Potomac  
 Home Phone 776-2461 Work Phone \_\_\_\_\_

# 95-D105-L-6 Area 2  
 First Call 1/05 Taken By \_\_\_\_\_  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Don't want new channels
- ② Poor service
- ③ ~~se star~~ Not happy with rate increase
- ④ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/05 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name James Roessler # 95-0105-F-8 Area P  
 Address 6529 Clifton Hills Dr Taken By \_\_\_\_\_  
 Home Phone 654-6601 Work Phone \_\_\_\_\_ First Call 1/05  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

- ☐ 1. Wants to Order Cable
- ☐ 2. Missed Appointment
- ☐ 3. Damage/Poor Work
- ☐ 4. Equipment Malfunction
- ☐ 5. Bad Picture
- ☐ 6. Method of Wiring
- ☐ 7. Installer
- ☐ 8. Vandalism/Theft
- ☐ 9. \_\_\_\_\_

## B. SERVICE PROBLEM

- ☐ 1. Request for Repair
- ☐ 2. Missed Appointment
- ☐ 3. Wire down/Move wire
- ☐ 4. Converter Problem
- ☐ 5. Bad Picture
- ☐ 6. Disconnect (ed)
- ☐ 7. Reconnect (wants)
- ☐ 8. Vandalism/Theft
- ☐ 9. Upgrade/Downgrade
- ☐ 10. Additional outlet
- ☐ 11. \_\_\_\_\_

## C. BILLING PROBLEM

- ☐ 1. Error/Overcharge
- ☐ 2. Rate Question
- ☐ 3. Refund Not Received
- ☐ 4. Converter Not Picked Up
- ☐ 5. Converter Not Returned
- ☐ 6. Disconnected for Non-Pay
- ☐ 7. Cancelled, Receiving Bills
- ☐ 8. Payment Not Credited
- ☐ 9. Upgrade/Downgrade Not Credited
- ☐ 10. \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

- ☐ 1. Area Not Wired for Service
- ☐ 2. Damage/Poor Work
- ☐ 3. Wire on Non-subscriber Property
- ☐ 4. Landlord ROE Needed
- ☐ 5. Cable Down/Cable too Low
- ☐ 6. Method of Wiring
- ☐ 7. \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

- ☐ 1. Employee Fired or Suspended
- ☐ 2. Employee Rudeness to Customer

## F. OUTAGE

- ☐ 1. First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

- ☐ 1. Programming Content/Complaint
- ☐ 2. Advertising/Marketing
- ☐ 3. \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- (1) On first invoice
- (2) Don't want the new channel
- (3) upset about rate increase
- (4) Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/05 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Area P

Name Dennis Skiman

# 95-0105-F-10 Taken By

Address 4060 Juniper

First Call 1/05

Home Phone 772-0067 Work Phone

Second Call

TELEPHONES ☐ Can't Reach ☐ No Return Call

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed ☐ Final Restore

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐

Appointment Date(s)

Channels Affected

Previous Repairs

DESCRIPTION OF COMPLAINT ☐ Single Family ☐ MDU

- ① Can't see yet new channel
- ② Unhappy about rate increase
- ③ Letter being sent
- ④ Very upset

TECHNICIAN'S REPORT

ACTION TAKEN

CREDIT AMOUNT ISSUED DATE

DATE REFERRED 1/05 TCI REFERENCE NUMBER

HANDLED BY

DATE COMPLETED

# CABLE TELEVISION COMPLAINT FORM

Name Luis Gualtada Area 2  
 Address 4949 W. Pines 10-F # 95-015-F-9 Taken By \_\_\_\_\_  
 Home Phone 301-6581 Work Phone \_\_\_\_\_ First Call 1/05 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① New Channels Not Wanted
- ② Rate increase not fair
- ③ Letter being sent
- ④ Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/05 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Alberta Lo Russo  
 Address 2207 Edman  
 Home Phone 776-4204 Work Phone \_\_\_\_\_

# 95-0105-T-13  
 First Call 1/05  
 Second Call \_\_\_\_\_

Area 8  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) New channels not wanted  
 (2) New cable confusing  
 (3) Very upset  
 (4) Letter being sent  
 (5) On special account

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/05 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name FAYS VENEZIANI  
 Address 4653 Tower Grove Pl  
 Home Phone 776-6663 Work Phone \_\_\_\_\_

# 95-0106-K-7  
 First Call 1/06  
 Second Call \_\_\_\_\_

Area 4  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Channel not wanted
- ② late increase unfair
- ③ Very upset
- ④ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_

DATE \_\_\_\_\_

DATE REFERRED 1/06

TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Joseline Humbolt # 95-0109-1-2 Area 2  
 Address 63 6734 Idaho Taken By \_\_\_\_\_  
 Home Phone 752 3213 Work Phone \_\_\_\_\_ First Call 1/08 01/09  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT Single Family \_\_\_\_\_ MDU \_\_\_\_\_

① Don't want the new channel  
 ② Upset about rate increase  
 ③ On fixed income

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/08 09 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Robert Bruce Bushy 95-0110-L-2 Area 2  
 Address 4626 Town House Pl First Call 1/10  
 Home Phone 771-1413 Work Phone \_\_\_\_\_ Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) New channels not wanted  
 (2) Rate increase not fair  
 (3) Little bang seen

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/10 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_



# CABLE TELEVISION COMPLAINT FORM

Name Judy Hand - Turnage # 95-0110-6-4  
 Address 4182 Ashton Rd  
 Home Phone 531-5258 Work Phone \_\_\_\_\_  
 First Call 1/10  
 Second Call \_\_\_\_\_

Area 2  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Channel not wanted
- ② Late invoice not fair
- ③ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/10

TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Peter Stankiewicz  
 Address 5640 Cedar  
 Home Phone 352-7132 Work Phone \_\_\_\_\_

# 95-0110-F-5  
 First Call 1/10  
 Second Call \_\_\_\_\_

Area 2  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① Don't want cable new channels
- ② Late increase not fair
- ③ Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_

DATE \_\_\_\_\_

DATE REFERRED 1/10

TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Charles G. G. A  
 Address 2344 Esther  
 Home Phone 647-0369 Work Phone \_\_\_\_\_

# 95-0110-f-11  
 First Call 1/10  
 Second Call \_\_\_\_\_

Area P  
 Taken By \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

- ☐ 1. Wants to Order Cable
- ☐ 2. Missed Appointment
- ☐ 3. Damage/Poor Work
- ☐ 4. Equipment Malfunction
- ☐ 5. Bad Picture
- ☐ 6. Method of Wiring
- ☐ 7. Installer
- ☐ 8. Vandalism/Theft
- ☐ 9. \_\_\_\_\_

## B. SERVICE PROBLEM

- ☐ 1. Request for Repair
- ☐ 2. Missed Appointment
- ☐ 3. Wire down/Move wire
- ☐ 4. Converter Problem
- ☐ 5. Bad Picture
- ☐ 6. Disconnect (ed)
- ☐ 7. Reconnect (wants)
- ☐ 8. Vandalism/Theft
- ☐ 9. Upgrade/Downgrade
- ☐ 10. Additional outlet
- ☐ 11. \_\_\_\_\_

## C. BILLING PROBLEM

- ☐ 1. Error/Overcharge
- ☐ 2. Rate Question
- ☐ 3. Refund Not Received
- ☐ 4. Converter Not Picked Up
- ☐ 5. Converter Not Returned
- ☐ 6. Disconnected for Non-Pay
- ☐ 7. Cancelled, Receiving Bills
- ☐ 8. Payment Not Credited
- ☐ 9. Upgrade/Downgrade Not Credited
- ☐ 10. \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

- ☐ 1. Area Not Wired for Service
- ☐ 2. Damage/Poor Work
- ☐ 3. Wire on Non-subscriber Property
- ☐ 4. Landlord ROE Needed
- ☐ 5. Cable Down/Cable too Low
- ☐ 6. Method of Wiring
- ☐ 7. \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

- ☐ 1. Employee Fired or Suspended
- ☐ 2. Employee Rudeness to Customer

## F. OUTAGE

- ☐ 1. First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

- ☐ 1. Programming Content/Complaint
- ☐ 2. Advertising/Marketing
- ☐ 3. \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

- ① New channels not working
- ② Rate increase unfair
- ③ Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/10 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Manning Alex # 91-0111F-2 Area R  
 Address 3661 Burt 2W Taken By \_\_\_\_\_  
 Home Phone 353-9492 Work Phone \_\_\_\_\_ First Call 1/11  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) Channels not wanted  
 (2) Rate increased unfairly  
 (3) Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/11 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Dorothy Szuba  
 Address 3250 Sulphur  
 Home Phone 353-2430 Work Phone \_\_\_\_\_

Area E  
 Taken By \_\_\_\_\_  
 # 95-0111-F-7  
 First Call 1/11  
 Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) New channels not wanted  
 (2) Rate increase unfair  
 (3) Ls Hrs being sent  
 (4) Very upset

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/11 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

# CABLE TELEVISION COMPLAINT FORM

Name Tom Luatka moyse # 95-0113-L-4 Area 2  
 Address 6229 San Bonita First Call 1/13 Taken By \_\_\_\_\_  
 Home Phone 721-2798 Work Phone \_\_\_\_\_ Second Call \_\_\_\_\_

TELEPHONES ☐ Can't Reach ☐ No Return Call \_\_\_\_\_

## A. INSTALLATION PROBLEM

1. ☐ Wants to Order Cable
2. ☐ Missed Appointment
3. ☐ Damage/Poor Work
4. ☐ Equipment Malfunction
5. ☐ Bad Picture
6. ☐ Method of Wiring
7. ☐ Installer
8. ☐ Vandalism/Theft
9. ☐ \_\_\_\_\_

## B. SERVICE PROBLEM

1. ☐ Request for Repair
2. ☐ Missed Appointment
3. ☐ Wire down/Move wire
4. ☐ Converter Problem
5. ☐ Bad Picture
6. ☐ Disconnect (ed)
7. ☐ Reconnect (wants)
8. ☐ Vandalism/Theft
9. ☐ Upgrade/Downgrade
10. ☐ Additional outlet
11. ☐ \_\_\_\_\_

## C. BILLING PROBLEM

1. ☐ Error/Overcharge
2. ☐ Rate Question
3. ☐ Refund Not Received
4. ☐ Converter Not Picked Up
5. ☐ Converter Not Returned
6. ☐ Disconnected for Non-Pay
7. ☐ Cancelled, Receiving Bills
8. ☐ Payment Not Credited
9. ☐ Upgrade/Downgrade Not Credited
10. ☐ \_\_\_\_\_

## D. CONSTRUCTION PROBLEM

1. ☐ Area Not Wired for Service
2. ☐ Damage/Poor Work
3. ☐ Wire on Non-subscriber Property
4. ☐ Landlord ROE Needed
5. ☐ Cable Down/Cable too Low
6. ☐ Method of Wiring
7. ☐ \_\_\_\_\_

## E. EMPLOYMENT PROBLEM

1. ☐ Employee Fired or Suspended
2. ☐ Employee Rudeness to Customer

## F. OUTAGE

1. ☐ First Noticed \_\_\_\_\_ Final Restore \_\_\_\_\_

## G. MISCELLANEOUS

1. ☐ Programming Content/Complaint
2. ☐ Advertising/Marketing
3. ☐ \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_

Channels Affected \_\_\_\_\_

Previous Repairs \_\_\_\_\_

DESCRIPTION OF COMPLAINT \_\_\_\_\_ Single Family \_\_\_\_\_ MDU \_\_\_\_\_

(1) New channels not wanted  
(2) Rate increase unfair  
(3) Letter being sent

TECHNICIAN'S REPORT \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

CREDIT AMOUNT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

DATE REFERRED 1/13 TCI REFERENCE NUMBER \_\_\_\_\_

HANDLED BY \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_